

Cyprus Thompson Creek

Post Office Box 62
Clayton, Idaho 83227
Telephone (208) 838-2200

February 12, 1986

Chief, Water Compliance Section
EPA, Region X, Mail Stop 513
1200 Sixth Avenue
Seattle, Washington 98101

Reference: Cyprus Thompson Creek Mining Company
Permit #ID-002540-2

Subject: NPDES Discharge Monitoring Report for January 1986

Dear Sir or Madam:

Enclosed are the discharge monitoring reports for source points 001 and 002 on the Cyprus Thompson Creek Project for the month of January 1986.

If you have any questions, please advise.

Very truly yours,



Alex R. Jacobs
General Manager

ARJ:rk/d

Enclosures

cc: Idaho Dept. of Health & Welfare, Boise
File: P-12-e

CYPRUS

Facility Name/Location (if different)

NAME CYPRUS THOMPSON CREEK MINES

ADDRESS P. O. BOX 67

CLAYTON ID 81727

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

ID0025402

002 A

PERMIT NUMBER

DISCHARGE NUMBER

OMB No. 2040-0004
Approval expires 9-30-85

5 - FINAL

DISCHARGE TO PAT HUGHES CREEK

FACILITY

LOCATION A.R. JACOBS

ATTN: N. T. MARTIN, GEN'L MGR.

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
86	01	01		86	01	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 03)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.2		0		
00400 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	RAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0.2	1.0		0		
00530 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	20 DAILY AV	30 DAILY MX	MG/L		WEEKLY	RAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.006	0.006		*****	*****	*****		0		
50050 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
A. R. Jacobs General Manager						
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
		838	2200	86	02	12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

Facility Name (Location if different)

NAME CYPRUS THOMPSON CREEK MINES
 ADDRESS P. O. BOX 62
CLAYTON TO 8227

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

100025402
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

F - FINAL

OMB No. 2040-0004
 Approval expires 9-30-85

DISCHARGE TO BUCKSKIN CREEK

FACILITY
 LOCATION A. R. JACOBS
 ATTN: M. D. MARTIN, GEN'L MGR.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	86	01	01		86	01	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 03)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****			*****				
00400 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	NO DISCHARGE 6.5 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	RAP
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****			*****				
00530 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	NO DISCHARGE *****	20 DAILY AV	30 DAILY MX		WEEKLY	RAP
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
50050 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		DAILY	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 638-2200	86	02	12
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NO DISCHARGE